INDIVIDUALIZED SERVICE PLAN

	11 applicable: Medicald #					
	DMAS Provider ID#					
Resident's Name:	Name of ALF:	_				
See reverse side for signatures and additional information.						
Description of needs is based upon the UAI, medical reports, and any addition	onal assessments necessary to meet the care needs of the resident.					
A. If the resident lives in a building housing 19 or fewer residents, does the resi	ident need to have a staff member awake and on duty at night? Yes No					

<u>B.</u>	Description of Needs and Date Identified	Services to be Provided	Persons Who will Provide Services	When and Where Services will be Provided	Expected Outcomes/Goals (Include Time Frames)	

ent's Name:						
Description of Needs and Date Identified	Services to be	e Provided	Persons Who will Provide Services	When and Where Services will be Provided		utcomes/Goals 'ime Frames)
ATURES:						
Staff Person Who Comp	leted Plan	Date F	Plan Completed	Completed Resident		Date
	Date	Other, if any, In	ther, if any, Involved in Development of Plan (Specify Title/Relationship)			
REVIEW/MODIFICATION	<u>IS</u>					
	ialed by staff person r	naking change, re	sident, and for assisted livi	ng care residents, licens	sed health care	professional
Person Designated to Review,	Monitor, Ensure Im	plementation, a	nd Make Appropriate M	odifications to Plan: _		
Implementation Monitored a	nd Initials:					
ATURES:						
ff Person Who Completed Pla	n Review	Date	Staff Person W	ho Completed Plan R	eview	Date
	and Date Identified ATURES: Staff Person Who Comp Licensed Health Care Professio (For Assisted Living Care N REVIEW/MODIFICATION C: Changes in plan should be init). Person Designated to Review, Implementation Monitored at ATURES:	Description of Needs and Services to be Date Identified ATURES: Staff Person Who Completed Plan Licensed Health Care Professional (630.J) (For Assisted Living Care Residents) NREVIEW/MODIFICATIONS C: Changes in plan should be initialed by staff person relations. Person Designated to Review, Monitor, Ensure Im Implementation Monitored and Initials:	Description of Needs and Date Identified Services to be Provided ATURES: Staff Person Who Completed Plan Date For Assisted Living Care Residents) NREVIEW/MODIFICATIONS C: Changes in plan should be initialed by staff person making change, red. Person Designated to Review, Monitor, Ensure Implementation, and Implementation Monitored and Initials:	Description of Needs and Services to be Provided Services ATURES: Staff Person Who Completed Plan Date Plan Completed Licensed Health Care Professional (630.J) (For Assisted Living Care Residents) NEVIEW/MODIFICATIONS Changes in plan should be initialed by staff person making change, resident, and for assisted living. Person Designated to Review, Monitor, Ensure Implementation, and Make Appropriate M Implementation Monitored and Initials:	Description of Needs and Date Identified Services to be Provided Services Who will Provide Services will be Provided ATURES: Staff Person Who Completed Plan Date Plan Completed Residen Cicensed Health Care Professional (630.J) Date Other, if any, Involved in Development (Specify Title/Relative) Circ Assisted Living Care Residents) Cicenses in plan should be initialed by staff person making change, resident, and for assisted living care residents, licensel. Changes in plan should be initialed by staff person making change, resident, and Make Appropriate Modifications to Plan: Implementation Monitored and Initials: ATURES:	Description of Needs and Date Identified Services to be Provided Services Who will Provide Services will be Provided Services will be Services will be Provided ATURES: Staff Person Who Completed Plan Date Plan Completed Resident Licensed Health Care Professional (630.J) (For Assisted Living Care Residents) Care Residents C